

**Municipal/Liquor Liability Report of
Premiums and Losses for Michigan**

Bar Code Required - Place Bar Code Here

Name of Company

NAIC Group number

NAIC Company code

This is a supplemental breakdown of premiums and losses entered on the Annual Statement, Page 20, Line 17.

REPORT MICHIGAN BUSINESS ONLY If no business was written, enter "none"	Column 1 Direct premiums Written	Column 2 Direct premiums Earned	Column 3 Dividends Paid or Credited	Column 5 Direct Losses Paid	Column 6 Direct Losses Incurred
Municipal Liability see Note 1					
Liquor Liability see Note 2					

Note 1- Include the municipal liability portion of any policy for which the premiums for municipal liability are separately stated. Include all indivisible premium policies for which at least one-half of the premium is for municipal liability.

Note 2- Do not include Owners, Landlords & Tenants (OL & T) premiums, losses or dividends.

**RETURN COMPLETED REPORT TO OFFICE OF FINANCIAL AND INSURANCE SERVICES (OFIS)
WITH YOUR ANNUAL STATEMENT FILING, OR MAIL TO:**

OFIS-Policy Division
P.O. BOX 30220
LANSING MI 48909-7720

For courier delivery, send to:

OFIS-Policy Division
611 W. Ottawa
LANSING MI 48933

If you have questions about this form, contact Russ LaCoursier at OFIS: (517)-373-7226 or toll-free at 1-877-999-6442.

**Michigan Department of Labor & Economic Growth**

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Phone OFIS toll-free at: 1-877-999-6442